

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	214521995				
1.) CORPORATION NAME: <b>AGENT ALLIANCE, INC.</b> <div style="float: right; text-align: right;">DUE DATE: <b>4/30/2014</b></div>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>MORGAN W ALLEY</b> <b>DUNTON SIMMONS &amp; DUNTON LLC</b> <b>678 RAPPAHANNOCK DR / PO BOX 5</b>  <b>WHITE STONE, VA</b> <div style="float: right; text-align: right;">SCC ID NO: <b>07217144</b></div>						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>LANCASTER COUNTY</b>		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED					
COMMON	5,000					
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>						
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;">ADDRESS: 12500 FLATWOOD CIRCLE</div> <div style="text-align: center;">CITY/ST/ZIP: FAIRFAX, VA 22033</div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: BEN HUMPHREYS TITLE: PRESIDENT ADDRESS: 4551 COX ROAD SUITE 475 CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: RICHARD MURRAY TITLE: VICE PRESIDENT ADDRESS: 11781 SOUTH LONE PEAK PKWY SUITE 230 CITY/ST/ZIP/CO: DRAPER, UT 84020	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: DAVID GARDNER TITLE: TREASURER ADDRESS: 125 MINEOLA AVE SUITE 306 CITY/ST/ZIP/CO: ROSLYN HEIGHTS, NY 11577	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: WILLIAM POWER TITLE: CEO ADDRESS: 12500 FLATWOOD CIR CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
NAME: DARCEE NELAN TITLE: DIRECTOR ADDRESS: 375 PLYMOUTH DRIVE CITY/ST/ZIP/CO: INVERNESS, IL 60067	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: MIKE SAXBY TITLE: DIRECTOR ADDRESS: 11556 WILLOW GARDENS CITY/ST/ZIP/CO: WINDERMERE, FL 34786	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GENE FOSTER DIRECTOR 2240 5TH AVE SAN DIEGO, CA 92101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID SEBESTYEN DIRECTOR 2020 PENNSYLVANIA AVE WASHINGTON, DC 20006	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JON FOSTER DIRECTOR 3751 ALABAMA AVE S MINNEAPOLIS, MN 55416	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	IAN KIENINGER DIRECTOR 153 W OHIO ST SUITE 500 CHICAGO, IL 60654	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ WILLIAM POWER	WILLIAM POWER, CEO	4/27/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			